Utah Department of Health
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Enteric Diseases Investigation Form

Please fill in the blanks or check the answer for each question.
PLEASE PRINT OR TYPE

Utah Department of Health
Promote Prevent Protect

PATIENT INFORMATION/DEMOGRAPHICS

NETSS ID _____ (for LHD use)

Last Name _____ First _____

Address _____ City _____

County _____ State _____ Phone ( )

Zip Code _____ Date of Birth _____ Age _____

Race
☐White ☐Asian/Pacific Islander ☐Other: _____
☐Black ☐American Indian or Alaska Native ☐Unknown

Ethnicity
☐Hispanic
☐Non-Hispanic
☐Unk

Sex
☐ M
☐F

Disease and Incubation Period

☐ Amebiasis (2-4 weeks)
☐ *E. coli* (Shiga toxin-producing = STEC) serotype: _____ (1-9 days)
☐ *Campylobacter* (1-10 days)
☐ Norovirus (12 to 48 hours)
☐ *Salmonella* serotype: _____ (6-72 hours)
☐ *Giardia* (5-25 days)
☐ *Shigella* species: _____ (12-96 hours)
☐ Other disease: _____

Occupation _____

☐ Child ☐ Volunteer
☐ Student ☐ Unemployed

Notes

Is patient or is patient associated with:	Yes	No	Unk
Foodhandler?	☐	☐	☐
Daycare?	☐	☐	☐
Nursing home or long-term care?	☐	☐	☐
Patient care?	☐	☐	☐

Name and Address of Workplace, School, or Daycare _____

Supervisor's Name _____

Supervisor Phone ( )

Case status

Confirmed	Probable (epi-link)	Suspect	Not a case
☐	☐	☐	☐

INVESTIGATED BY

Name/Facility _____ Phone number ( ) Date _____

November 2006

Patient Name: NETSS ID:

CLINICAL INFORMATION

Was the patient:	Yes	No	Unk	
Seen by a physician or ER?	☐	☐	☐	Physician or facility name Phone ( ) Date seen
Hospitalized?	☐	☐	☐	Facility name Admit date Discharge date
Died?	☐	☐	☐	Date
Treated?	☐	☐	☐	Treatment (e.g. name of antibiotic) Start date Complete date ☐ Treatment not completed
Laboratory specimens collected?	☐	☐	☐	Specimen source ☐ Stool ☐ Blood ☐ Urine ☐ _____ Collection date Testing laboratory
Specimen tested at UPHL?	☐	☐	☐	UPHL Laboratory ID (Accession Number)
Immunocompromised?	☐	☐	☐	Explain
Diagnosed with hemolytic-uremic syndrome (HUS)?	☐	☐	☐	Date of diagnosis
Diagnosed with thrombocytopenic purpura (TTP)?	☐	☐	☐	Date of diagnosis

Did the patient experience:	Yes	No	Unk
Abdominal pain/cramps?	☐	☐	☐
Fever or chills?	☐	☐	☐
Body aches?	☐	☐	☐
Nausea?	☐	☐	☐
Vomiting?	☐	☐	☐

Did the patient experience:	Yes	No	Unk
Diarrhea? (3 or more loose stools in 24 hours)	☐	☐	☐
Bloody diarrhea?	☐	☐	☐
Mucous in stool?	☐	☐	☐
Other:	☐	☐	☐

Onset Date Onset time _____ : _____ ☐ AM ☐ PM If onset date is unknown, please explain why in Notes (page 1)

	Yes	No	Unk	
Was illness resolved at time of interview?	☐	☐	☐	Date illness resolved
Any contacts ill with similar symptoms?	☐	☐	☐	If yes, *complete Ill Contacts Supplementary Form* (page 5).
Does this infection appear to be secondary to another person's infection?	☐	☐	☐	If yes, also complete an Enteric Disease Investigation Form for the primary case.

Exposure Period Start date and time End date and time

Amebiasis	4 weeks before onset	2 weeks before onset
E. coli (STEC)	9 days before onset	1 day before onset
Campylobacter	10 days before onset	1 day before onset
Norovirus	48 hours before onset	12 hours before onset
Salmonella	72 hours before onset	6 hours before onset
Giardia	25 days before onset	5 days before onset
Shigella	96 hours before onset	12 hours before onset

Patient Name: _____ NETSS ID: _____

RISK HISTORY AND EXPOSURE – FOOD FROM ANY SOURCE

Exposure Period (for reference during interview) Start date and time _____ End date and time _____

During the exposure period, did the patient consume:				**Date**	Raw, Undercooked, Unpasteurized			**Specify type, source and brand**
Food Item	**Yes**	**No**	**Unk**		**Y**	**N**	**U**	
Ground beef?	☐	☐	☐		☐	☐	☐	
Poultry?	☐	☐	☐		☐	☐	☐	
Seafood? (include fish)	☐	☐	☐		☐	☐	☐	
Other meat? (specify)	☐	☐	☐		☐	☐	☐	
Eggs? include raw dough, batter, or homemade ice cream ☐runny/over-easy	☐	☐	☐		☐	☐	☐	
Milk?	☐	☐	☐		☐	☐	☐	
Cheese? ☐soft cheese ☐imported	☐	☐	☐		☐	☐	☐	
Juice?	☐	☐	☐		☐	☐	☐	
Bean sprouts or other sprout products?	☐	☐	☐		☐	☐	☐	
Green onions?	☐	☐	☐		☐	☐	☐	
Leafy greens? (e.g. lettuce, spinach, etc.) ☐pre-packaged	☐	☐	☐		☐	☐	☐	
Other fresh fruit or vegetables?	☐	☐	☐		☐	☐	☐	
Any other raw, undercooked, or unpasteurized food? (e.g. homemade ice cream with raw eggs)	☐	☐	☐		☐	☐	☐	
Food samples at a store, farmers' market, roadside stand, etc.?	☐	☐	☐		☐	☐	☐	
Other suspect food?	☐	☐	☐		☐	☐	☐	
Ate at a food establishment (e.g. restaurant)?	☐	☐	☐	If yes, *complete Food Establishments and Group Gatherings Supplementary Form* (page 6).				
Ate at a group gathering?	☐	☐	☐					

Where does the patient typically get the **food eaten at home**? Include grocery stores, warehouses (e.g. Costco), gas station/mini mart, farmers' markets, welfare or food banks, neighbors, Meals on Wheels, etc.

Source of food at home	Address	Source of food at home	Address
1.		3.	
2.		4.	

Patient Name: _____ NETSS ID: _____

RISK HISTORY AND EXPOSURE – WATER, OUTDOOR, ANIMAL, & TRAVEL

Exposure Period (for reference during interview) Start date and time _____ End date and time _____

What is the source of the patient's water at home? _____

What is the source of the patient's water at work/school? _____

During the exposure period, did the patient:	Yes	No	Unk	Date(s)	Specify details including location
Swim in a public pool?	☐	☐	☐		
Swim in a private pool?	☐	☐	☐		
Play in a fountain?	☐	☐	☐		
Swim in a lake, stream, pond, or ocean? (include water skiing)	☐	☐	☐		
Have exposure to irrigation or secondary water?	☐	☐	☐		
Other recreational water exposure?	☐	☐	☐		

During the exposure period, did the patient:	Yes	No	Unk	Date(s)	Specify details including location
Do gardening or yard work?	☐	☐	☐		
Have any outdoor or wilderness exposure?	☐	☐	☐	If yes, continue below. If no, skip to next section.	
Hiking?	☐	☐	☐		
Camping?	☐	☐	☐		
Fishing or hunting?	☐	☐	☐		
Other outdoor exposure?	☐	☐	☐		

During the exposure period, did the patient:	Yes	No	Unk	Specify animals	Date(s)	Animal ill with diarrhea? Y	N	U	Specify details including location
Have contact with animals? (include pets)	☐	☐	☐	If yes, continue below. If no, skip to next section.					
Pets?	☐	☐	☐	☐ Mark if pet is new		☐	☐	☐	
Reptiles or snakes?	☐	☐	☐			☐	☐	☐	
Farm animals?	☐	☐	☐			☐	☐	☐	
Birds? (include chicks)	☐	☐	☐			☐	☐	☐	
Petting zoo?	☐	☐	☐			☐	☐	☐	
Animal waste?	☐	☐	☐			☐	☐	☐	
Other animals?	☐	☐	☐			☐	☐	☐	

During the exposure period, did the patient:	Yes	No	Unk					
Travel outside the USA?	☐	☐	☐	If yes, *complete Travel History Supplementary Form* (page 7).				
Travel inside the USA?	☐	☐	☐					
Travel outside the county?	☐	☐	☐					
Have visitors from out of state or country?	☐	☐	☐	Brought food to share?	Y ☐	N ☐	U ☐	Details _____

Patient Name: ______ NETSS ID: ______

ILL CONTACTS
SUPPLEMENTARY FORM

Name		Age		Sex		New Case Initiated? Y ☐ N ☐ U ☐
Relationship		Symptoms		**Onset date**		
Contact Information (phone and address)	☐ Same as case					

Name		Age		Sex		New Case Initiated? Y ☐ N ☐ U ☐
Relationship		Symptoms		**Onset date**		
Contact Information (phone and address)	☐ Same as case					

Name		Age		Sex		New Case Initiated? Y ☐ N ☐ U ☐
Relationship		Symptoms		**Onset date**		
Contact Information (phone and address)	☐ Same as case					

Name		Age		Sex		New Case Initiated? Y ☐ N ☐ U ☐
Relationship		Symptoms		**Onset date**		
Contact Information (phone and address)	☐ Same as case					

Name		Age		Sex		New Case Initiated? Y ☐ N ☐ U ☐
Relationship		Symptoms		**Onset date**		
Contact Information (phone and address)	☐ Same as case					

Patient Name: ____________ NETSS ID: ____________

FOOD ESTABLISHMENTS AND GROUP GATHERINGS
SUPPLEMENTARY FORM

Exposure Date/Time	Establishment Name/Type of Gathering	Address/City/Zip Code	Any others ill with similar symptoms?		
			Yes ☐	**No** ☐	**Unk** ☐
	Suspect Food/Notes		If yes, *complete Ill Contacts Supplementary Form* (page 5).		

Exposure Date/Time	Establishment Name/Type of Gathering	Address/City/Zip Code	Any others ill with similar symptoms?		
			Yes ☐	**No** ☐	**Unk** ☐
	Suspect Food/Notes		If yes, *complete Ill Contacts Supplementary Form* (page 5).		

Exposure Date/Time	Establishment Name/Type of Gathering	Address/City/Zip Code	Any others ill with similar symptoms?		
			Yes ☐	**No** ☐	**Unk** ☐
	Suspect Food/Notes		If yes, *complete Ill Contacts Supplementary Form* (page 5).		

Exposure Date/Time	Establishment Name/Type of Gathering	Address/City/Zip Code	Any others ill with similar symptoms?		
			Yes ☐	**No** ☐	**Unk** ☐
	Suspect Food/Notes		If yes, *complete Ill Contacts Supplementary Form* (page 5).		

Exposure Date/Time	Establishment Name/Type of Gathering	Address/City/Zip Code	Any others ill with similar symptoms?		
			Yes ☐	**No** ☐	**Unk** ☐
	Suspect Food/Notes		If yes, *complete Ill Contacts Supplementary Form* (page 5).		

Exposure Date/Time	Establishment Name/Type of Gathering	Address/City/Zip Code	Any others ill with similar symptoms?		
			Yes ☐	**No** ☐	**Unk** ☐
	Suspect Food/Notes		If yes, *complete Ill Contacts Supplementary Form* (page 5).		

Patient Name: ______ NETSS ID: ______

TRAVEL HISTORY
SUPPLEMENTARY FORM

Travel Location ______ **Start Date** ______ **Return Date** ______

Airlines (also trains and other mass transit)	Flight number or other identifier	Travel date	**Accommodations** (homes, hotels, motels, hostels, cruise lines, etc.)	Check in Date	Check out Date
1.			1.		
2.			2.		
3.			3.		

Source of food / water while traveling	**Food eaten**	**Date**
1.		
2.		
3.		

Others in group ill? **Yes** ☐ **No** ☐ **Unk** ☐

If yes, *complete Ill Contacts Supplementary Form* (page 5).

Travel Location ______ **Start Date** ______ **Return Date** ______

Airlines (also trains and other mass transit)	Flight number or other identifier	Travel date	**Accommodations** (homes, hotels, motels, hostels, cruise lines, etc.)	Check in Date	Check out Date
1.			1.		
2.			2.		
3.			3.		

Source of food / water while traveling	**Food eaten**	**Date**
1.		
2.		
3.		

Others in group ill? **Yes** ☐ **No** ☐ **Unk** ☐

If yes, *complete Ill Contacts Supplementary Form* (page 5).

Travel Location ______ **Start Date** ______ **Return Date** ______

Airlines (also trains and other mass transit)	Flight number or other identifier	Travel date	**Accommodations** (homes, hotels, motels, hostels, cruise lines, etc.)	Check in Date	Check out Date
1.			1.		
2.			2.		
3.			3.		

Source of food / water while traveling	**Food eaten**	**Date**
1.		
2.		
3.		

Others in group ill? **Yes** ☐ **No** ☐ **Unk** ☐

If yes, *complete Ill Contacts Supplementary Form* (page 5).